

09-11-00

A
Reissue

PATENT APPLICATION TRANSMITTAL LETTER
INCLUDING REISSUE APPLICATION FEE DETERMINATION RECORD

TO THE ASSISTANT COMMISSIONER OF PATENTS AND TRADEMARKS:

Transmitted herewith for filing is the patent application of:
RONALD G. HAAGENSTAD

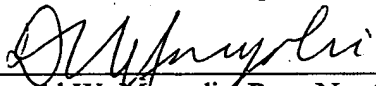
For: **TIERED TRENCHING BACKHOE SYSTEM**

Enclosed are:

- ☒ DECLARATION FOR REISSUE APPLICATION;
- ☐ POWER OF ATTORNEY;
- ☐ DECLARATION OFFERING TO SURRENDER AND RETURN THE ORIGINAL PATENT;
- ☐ A SMALL ENTITY DECLARATION
- ☐ PRELIMINARY COMMENTS;

CLAIMS AS FILED		SMALL ENTITY			
FOR	NO. FILED	NO. EXTRA	RATE	FEE	
BASIC FEE	-----				\$345
TOTAL CLAIMS	8	-20	0	x \$18	\$ 0
ADDITIONAL INDEP CLAIMS	2	-3	0	x \$78	\$ 0
MULTIPLE DEPENDENT CLAIM PRESENT	0			x \$65	\$ 0
TOTAL					\$345

- ☒ Check #4714 in the amount of \$ 345.00 to cover the filing fee is enclosed.
- ☐ The Commissioner is authorized to charge payment of any deficiencies or to credit any overpayment to Deposit Account No. 131705. A duplicate copy of this sheet is enclosed.


Donald W. Margolis, Reg. No. 22,045
3405 Penrose Place, Suite 105
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DONALD W. MARGOLIS, Reg. No. 22,045

September 8, 2000
Date

Please contact undersigned with any questions or comments.

Respectfully submitted,



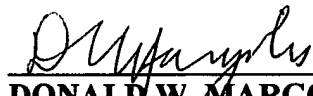
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Boulder Co 80301
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Enclosures
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DONALD W. MARGOLIS, Reg. No. 22,045

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REISSUE PATENT APPLICATION TRANSMITTAL


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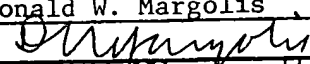
Address to: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	Attorney Docket No.	P4380
	First Named Inventor	Ronald G Haagenstad
	Original Patent Number	5,802,748
	Original Patent Issue Date (Month/Day/Year)	September 8, 1998
	Express Mail Label No.	EL555938127VS

APPLICATION FOR REISSUE OF: ☒ Utility Patent ☐ Design Patent ☐ Plant Patent
(Check applicable box)

APPLICATION ELEMENTS	ACCOMPANYING APPLICATION PARTS
1. <input checked="" type="checkbox"/> *Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing)	8. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.9 and 1.27.	9. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
<input checked="" type="checkbox"/> Specification and Claims (amended, if appropriate)	10. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)
<input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)	11. <input checked="" type="checkbox"/> Preliminary Amendment
<input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy) (37 C.F.R. § 1.175) (PTO/SB/51 or 52)	12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
Original U.S. Patent	13. <input checked="" type="checkbox"/> Other: Check in the amount of \$345
<input checked="" type="checkbox"/> Offer to Surrender Original Patent (37 C.F.R. § 1.178) (PTO/SB/53 or PTO/SB/54)	
or	
<input type="checkbox"/> Ribboned Original Patent Grant	
<input type="checkbox"/> Statement of Loss (PTO/SB/55)	
Original U.S. Patent currently assigned?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(If Yes, check applicable box(es))	
<input type="checkbox"/> Written Consent of all Assignees (PTO/SB/53 or 54)	
<input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney	

14. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label 	or <input type="checkbox"/> Correspondence address below				
Name	Donald W. Margolis				
	Margolis & Associates				
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Country	USA	Telephone	303-443-6200	Fax	303-443-3818

NAME (Print/Type)	Donald W. Margolis	Registration No. (Attorney/Agent)	22,045
Signature		Date	September 8, 2000

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REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional)		
						P4380		
Claims as Filed - Part 1								
Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 6	Total Claims (37 CFR 1.16(j)) Independent Claims (37 CFR 1.16(l))	(B) 8	**** 0	=	x \$ 18 =	or	x \$ ____ = 0.00	
(C) 1		(D) 2	0	=	x \$ 78 =		x \$ ____ = 0.00	
Basic Fee (37 CFR 1.16(h))						\$ ____	OR	
Total Filing Fee						\$ ____		\$345
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	=	x \$ ____ =	or	x \$ ____ =	
Independent Claims (37 CFR 1.16(l))	***	MINUS	*****	=	x \$ ____ =		x \$ ____ =	
Total Additional Fee						\$ ____	OR	\$ ____

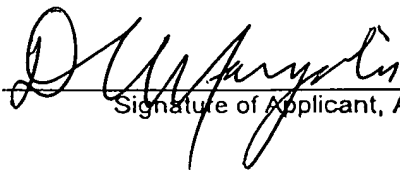
* If the entry in (D) is less than the entry in (C), write "0" in column 3.
 ** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.
 *** After any cancellation of claims
 **** If "A" is greater than 20, use (B - A); If "A" is 20 or less, use (B - 20).
 ***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

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09/08/00
Date


Signature of Applicant, Attorney or Agent of Record

DONALD W. MARGOLIS
Typed or printed name

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